



King County

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Natural Environments Leadership Team Meeting June 12, 2006

Participants: Kevin Bernadt, KCDDD Board
Jon Botten, Children's Therapy Center
Jane Campbell, King County DDD
Jane Dobrovolny, Northwest Center
Sandy Duncan, CHAP
Lisa Greenwald, Kinderling Center
Betsy McAlister, King County Parent Coalition
Jana Pettit, Wonderland
Susan Sandall, UW-EEU
Magan Scoggins, Encompass
Katie Vornbrock, Hearing Speech & Deafness
Jan Wrathall, King County DDD

Minutes: Elaine Goddard, King County DDD

Facilitator: David Wertheimer, Kelly Point Partners

The meeting began with introductions. Several panelists were invited to speak at the meeting to discuss evidence based practices, and help define what practices are consistent with the "where" definition developed by the NELT.

The group reviewed the "where" piece of the definition. The following revisions were requested.

A setting IS a natural environment if:

- 4th bullet is incorporated into 3rd bullet.
- Change 1st bullet to say "home" rather than "residence".
- 3rd bullet... enables "all" children to learn...
- 5th bullet spelling – embedded.

A setting IS NOT a natural environment if:

- 1st bullet - take out "usually".
- 3rd bullet – "who attend" rather than "and they attend".
- Period at the end of the last bullet.

The group approved the draft with revisions.

The group reviewed the Justifications for services not provided in natural environments. The group agreed to revisit this handout after hearing from the panel.

Panelists were asked to respond to the following question:

Based on your expertise and knowledge of evidence based practices what are practices consistent with the “where” definition developed by the NELT?

Ilene Schwartz, PhD: Primarily focused on effective interventions for children with autism. She felt that the focus should be on service rather than place. She said the most common environment for children today is the child care setting; however, EI and child care have different purposes. Most typical child care programs are established to ensure children are safe, happy and developing naturally without intervention. Early intervention is brought in to change a child's developmental trajectory. She has looked into a number of practices and finds that the most successful strategies are those that are implemented consistently, with fidelity and intensity. These practices are not applied in most child care programs. For example, many child care programs don't have intentional language intervention which requires the teacher to be focused and able to change interactions based on the child's reaction. The best outcomes come from highly educated, attentive caregivers which often don't exist in typical child care settings. Evidence shows that starting early, with intense, comprehensive, quality programs provide the best outcomes. She has found that autism programs need an incredible amount of intensity. Children with autism often don't lend themselves to learn in typical environments. Some children need to learn to imitate and play. These behaviors are not innate, and are hard to teach in a natural setting.

Lesley Olswang, PhD: Does research in 0-3, primarily teaching pre-linguistic children and very early language, and is interested in treatment efficacy. She has not found a lot of data on natural environments as defined; however, there is data on naturalistic approaches such as incidental teaching. She has found that to give children appropriate stimulation, the environment has to be set up in a consistent way, using appropriate prompts and cues based on what the child needs. Providers should create a learning environment based on what the child does. She cited some studies which looked at parenting style. They found that parents who are more directive and less responsive had poorer results. Parents were trained to be more responsive to children's initiation and this seemed to improve outcomes; however, when moving from word combination to early grammar child change becomes less convincing as the child becomes older. One study looked at home-based, clinic-based and home/clinic combined services. The best results came from home and clinic combined; however in this study parents were all self-selected and well educated. Parents required a considerable amount of training in creating structure and letting the child take the lead, while still shaping behavior. For example, in one study parents were shown how to provide an opportunity for communication to request something and wait for the child's signal such as eye gaze or reaching, then to recognize and reinforce that behavior, and then to shape a more sophisticated behavior. Shaping behavior is the hardest aspect to learn, but is what brings the child to the next level. The level of expertise in prompting and shaping is important and takes time and practice to learn; parents in this study did not show sustained success with this aspect of the training..

Kathy Stewart, MS, OTR/L: Occupational Therapist and Clinical Adjunct Faculty member at UW - has extensive experience with Part C as an OT educator, researcher, past participant on SICC, and direct service provider. Kathy gave a PowerPoint presentation and provided hand-outs. She expressed concern that the original intent of Part C, an interagency law designed to coordinate education, health, and social services for infants and toddlers with disabilities and their families, is being eclipsed by the narrow interpretation of the Part C Natural Environment regulations. The role of the IFSP team is to determine what, how, when, and where early intervention services are provided to eligible infants and toddlers. Occupational therapists serving on IFSP teams provide expertise in identifying with the family activities to develop the child's self-help and play skills, and to provide adaptations to help the child throughout his or her life-span. She cited research evidence that positive relationships are key to successful early intervention services. She strongly recommends the relationship based early intervention (RBEI) approaches which foster partnerships between professionals and families, and help parents connect with their children in positive ways. RBEI increases parents' effectiveness of interactions, and helps families feel more competent and capable. Based on her experience in the field of early intervention, Kathy believes that services should be delivered across many environments, not just one environment, in order to connect children with life and other human beings. She explained that there is a lack of research evidence in the OT literature that suggests serving young children with disabilities in their homes or childcare setting is better than serving the children in center-based programs. Kathy cited some recent survey literature on the perspectives of parents and early intervention professionals that concluded serving children in "natural environments" brings some opportunities as well as serious drawbacks.

Tracy Jirikowic, MA: OT and Research Fellow at UW. Tracy passed out a hand-out on Providing Quality EI Services within Natural Environments. She said that collaboration with caregivers is vital and that therapies should also be strength-based within priorities/needs of the family system. Outcomes should drive where services are done. There is not a lot of evidence in OT that one place is better than another for outcomes. She recommends the "empty handed" approach, which involves exploring and using what the family or caregiver has to offer rather than bringing in a "canned" package of services. As an example of how this might be carried out in practice, therapists would work with caregivers to increase a child's social participation in activities. She has also found that the parenting style of the caregiver is a factor of success. Children with a disability tend to have less interaction with peers and more with adults and may need mediation to connect with peer groups. Tracy feels that all 17 Part C services are valuable and needed, but all may not be available in natural environments. However, these should be short-lived in the continuum of services. Evidence suggests keeping service options open, and driven by family needs. What services are necessary should drive where they are provided rather than vice-versa. Providers should not be replicating the clinical model in home, but should try to help the child participate in natural activities. The need for intensity needs to be balanced with feasibility of providers and caregivers. The quality of the relationships and environment are both very important. Providers need to maintain a full perspective of practice.

David opened the floor to questions:

A more detailed explanation on structured vs. non-structured stimulation was requested. Kids with the most significant disabilities need structures to learn, and also need to generalize skills into the natural environment. This involves a trade-off of time: children can learn more quickly

in non-natural environments and then learn to generalize, or take longer to learn in natural environments. A skill is not really learned until it is utilized in natural environments. Structured environments can offer more opportunity for instruction and practice. If a child is not interested he/she will not use the skill unless instructed to do so.

What is shaping? Shaping is teaching/facilitating a more sophisticated behavior using prompting and cues which may be visual, auditory, and/or tactile.

How can providers set the foundation to help a child shape themselves, be self-directed and apply learning to natural setting - to get child to become independent? Many children don't have natural skills and need instruction to learn them. Teaching skills that don't happen naturally may require considerable time to generalize into natural environments.

Is intensity the same as frequency? Intensity is the amount of minutes of services, along with the level of engagement. *How much time is enough.* Ilene responded that 25 hours/week for children with autism is the minimum. She doesn't know about other disability categories. In a good child care situation kids are engaged with the environment, but some kids don't engage naturally with their environment and require more intense instruction.

Could intensity be increased by coaching parents to use moments/opportunities at home? Intensity varies according to the needs of the child and the priorities of the family as determined by the IFSP team. It is not just provided by a professional. Intensity is practicing what was learned. Families may be able to carry-over some therapies to the home, but many parents don't have the expertise for effectively shaping behaviors.

To what degree are OT students being taught consultative models? The concept is introduced. Consultation, according to WA State law, is within the scope of OT practice, but cannot be on-going. A purely consultative model would be unable to bill for medical. Also, being a consultant implies a lot of experience. A beginner in any professional discipline cannot be a consultant. Also, hours of student credit requires contact with the child. Therefore, a consultative model would likely limit options for training students interested in entering the field of early intervention.

More information on the level of knowledge and skill needed to train parents and child care providers was requested. Studies indicate parents with higher educations have better outcomes. Most child care providers are not well educated, and unfortunately are not providing good stimulation, even for typically developing children. The willingness of child care providers to address special needs is also an issue.

How will the natural environments requirement affect comprehensive services in multiple settings? The IFSP team should define where services are provided. Narrowly defining the law leaves no room for flexible options. Children in the severe spectrum may be squeezed out of services. Children not qualifying to be in child care settings due to behavior issues may become disconnected from social supports. *Jan felt that natural environments should be expanding not limiting services.*

Next Meeting:

The panelists were thanked for sharing their expertise and for challenging this group. Two meetings are left, and the group is asking for one more date - September 8th to wrap up work. The next meeting will be 6/29, 9:30 am – Noon, to discuss the “how” piece of the definition and to reconcile with today’s discussion. Another small group is needed to produce the starting point for the “how” piece and to finalize review of the justification piece. Susan, Sandy, Jana, Betsy, Katie and Jane expressed interest. Betsy wants to ensure the group gets parent input as well.

Jane will re-send the Justification Draft out and the small group can work on it at their meeting.